County of Cumberland Department of Building & Zoning P.O. Box 110 Cumberland, VA. 23040-0110

County Administrator (804) 492-3625 Building Inspections (804) 492-9114 Zoning Administrator (804) 492-3520 Fax # (804) 492-9224

Building, Erosion & Sediment Control and Zoning Permit Application

Application Date:

Permit No. : _____

PLEASE FILL OUT THIS FORM COMPLETELY – IF NOT, IT WILL BE RETURNED. Place an "X" by the Applicable Permit Type Building Permit Erosion & Sediment Permit (Land Disturbing) Owner Name Daytime Telephone No. Mailing Address Applicant/Builder Name Daytime Telephone No. Mailing Address Mechanic Lien Agent Name Daytime Telephone No. Not applicable Mailing Address Property Location/Address: Frontage: Information Tax Map/Parcel Number: Area (in acres or sq.ft.): Current Deed Book/Page Number Existing use of property Lot No.: Section of Subdivision Magisterial District: Voting District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type): Existing structures (number and type):	Application is hereby made for a Building, Erosion & Sedin description and for the purpose set forth herein. This applic laws and regulations, which are hereby agreed to by the und permit.	ation is made subject to all County and State
Applying for: Erosion & Sediment Permit (Land Disturbing)	PLEASE FILL OUT THIS FORM COMPLETELY	Y – IF NOT, IT WILL BE RETURNED.
Applying for: Erosion & Sediment Permit (Land Disturbing)	Place an "X" by the Applicable Permit Type Buildin	g Permit Zoning Permit
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Mechanic Lien Agent Name Daytime Telephone No. Not applicable Mailing Address Property Location/Address: Information Tax Map/Parcel Number: Area (in acres or sq.ft.): Current Deed Book/Page Number Existing use of property Lot No.: Section of Subdivision Magisterial District: Uoting District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes Other existing structures (number and type):	Name	Daytime Telephone No.
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Property Location/Address: Frontage: Information Tax Map/Parcel Number: Area (in acres or sq.ft.): Current Deed Book/Page Number Existing use of property Lot No.: Section of Subdivision Magisterial District: Voting District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type):		Daytime Telephone No.
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Information Tax Map/Parcel Number: Current Deed Book/Page Number Existing use of property Lot No.: Section of Subdivision Magisterial District: Voting District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type):	Property Location/Address:	Frontage:
Lot No.: Section of Subdivision Magisterial District: Voting District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type):	1 2	9
Magisterial District: If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type):	Current Deed Book/Page Number	
If constructing a new dwelling, are there any other dwellings on the parcel? Yes No # Other existing structures (number and type):	Lot No.: Section of	Subdivision
Other existing structures (number and type):		
		other dwellings on the parcel? Yes No #
Existing structures to be removed (number and type):		1
	Existing structures to be removed (number an	id type):

Type of Po				Resi	dential			Commercia	.1	
		oriate selection						. 177	**	
Single	e family	dwelling	Repla Siding	ace		Man	utact	tured Home	Year:	Color:
Sign	Fre wide:	eestanding	Attached to	o Building	g	Doubl	le-	Single	wide	Year
Electr Demolitio		Plumbing	Mech	nanical	De	ck	C	Chimney	Fir	eplace
		al/Industrial St	ructure Spe	cify Use:			Mu	lti-Family	No	o. of units:
	tion (spe				e/Carpor	t		Shed/Storage		
Land	Clearing	g (Specify area	to be distur					Iteration		
Rero			Other (Spe							
		se Complete A				licable				
Building Us	se:	T. C.		of rooms				imber of sto		. 1 1
Use group:		Type of const			ndation c	onstru	ection	i type:	Oc	cupant load:
Crawl space		Basement: 1	Finished	Unfini			Full		Par	tial
Exterior fini					r finish ı					
Fireplace:	F	ireplace type of	of construction	on:	Chimn	ey or F	Flue:	Ty	pe of c	construction:
Garage/Carp		De	tached:	Atta	ched:		Por	ches/Decks		
Floor finish:	:	Type of	roofing:	# of	bedroom	ns:		Number	of bat	hrooms:
Health Perm	nit Numl	ber:		"				1		
	Show th	ne type and nu		al, Plumb h applian				e, (e.g. 1 ele	ctric w	asher)
Service Cap	acity		ype Disconn			Bath				
Type Heat		Shower		Dishwa				Kitchen sink	-	
Air conditio		Lavatory	C	Clothes Dr	ryer		Cloth	es Washer		
Location of	Handler			Water Se	ervice			Sewer Servi	ice	
Type of wat			Water Clos	set	Rang	ge-ovei	n	J	Jrinal	
Additional I	Informat	ion:								
			Structure	Informat	ion (Sau	are Fo	otag	e & Height)		
	Finishe	d							-	
	Unfinis				Ga	arage/C	Carpo	ort		
1 st floor					Decks	/ Porch	hes			
2 nd floor					Heigh					
3 rd floor					Other	(speci	ify)			
Estimated C	Cost:									

General Contractor/Subcontractor Information

List of General Contractor/Subcontractors:

(i.e. HVAC, Electrician,	Plumber, Land Disturbing)			
Name/Type License	State Contractor License	State Tradesman	Cumberlan	
	Number	Certification number	Business li	cense number
All current licenses and o	certifications required by the	State of Virginia. Please i	otify this offic	ce
	ges to the above-noted subco			
Contractor Signature		Date		
ALL BUILDERS OR	OWNER-DEVELOPERS T	HAT CONTRACT TO BI	JILD FOR OT	HERS ON
	THE BUILDER OR OWNE			
	DER THE PROVISIONS OF			021,022
	DI IO	NOTICE		
A landowner may witho	out a license, on his own prop	<u>NOTICE</u> erty build one house for hi	s own use in a	twenty-four
	house as a gift to an immedia			
house twenty-four month		ite family member, if a far	iniy incinoci ii	ves in the
nouse the entry rous month				
Owners building industri	ial or manufacturing facilities	s on their own property are	not required t	o be licensed.
	_		_	
	contract with a Class "A" buil		house and the	n sell the
completed house to other	rs are not required to be licen	sed.		
T: : : C /:	1 14: 16 0 1			1
State board for contracto	ay be obtained from: Compl	aints regarding unlicensed ninal Investigation Section		ay be sent to:
3600 West Broad St.		t. of professional & occup		ion
		of professional & occup	ational regulat	1011
Richmond, VA. 23230-4				
(804) 367-8511	(804	4) 367-2195		
OWNER'S AFFIDAVI	Т			
I,	of (ad	dress)		affirm that I am the
Owner of a certain tract	t or parcel of land located at:	,	an	d that I have applied for a
	m that I am familiar with the	prerequisites of 54.1-111		
	a contractor or subcontractor.			
	n this house for at least 24 me		•	
	s house to an immediate fam		ive in this hou	ise for at least 24 months
□ give till		iry memoer and mey will i	1vc 111 u115 110u	se for at least 24 months
	2Apiaiii)			
(Affiant)				
Cionad and11 1	J h	: 41·:4	t o.£	- 677:
Signed and acknowledg	ged by, y of,	in the city of cot	iiity 01	, or virginia
on this day	/ 01,	20 In the presenc	e of the unders	agned witness.
		(Witness)		
		`		

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and county laws, ordinances and regulations with regard to zoning, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a building permit issued by the Cumberland County Building Official. I understand that construction must commence within 6 months of issuance of this permit or the permit is rendered void. I further understand that the land may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued.

Date		Owne	er or Applicant Signature
	Do	Not Write Below This Line	
	BUIL	DING/ZONING/LAND DIS ROUTING SLIP	TURBING
ZONING Zoning District: _		□ Conditional	□ Unconditiional Rezoning Case #
Use:		Chesapeake Bay District:	None RMA RPA
Front Yard: Pro Left Sideyard: Pro Right Sideyard: Pr Rear Yard: Pr	posed posed roposed	Required Required Required Required	Flood Hazard District: Yes No Highway Corridor District: VDOT Entrance Permit No.: Historic Resource District:
Comments:			
Approved : Zoni	ng Administrator	Date	E & S Fee \$ Zoning Fee \$ Site Plan Review Fee \$
Zoni 2. <u>BUILDING</u>	ng Administrator Residential	Date PERMIT FEE	Zoning Fee \$ Site Plan Review Fee \$ Commercial/Industr
Zoni 2. BUILDING Permit Fee Electrical Plumbing Mechanical	ng Administrator		Zoning Fee \$ Site Plan Review Fee \$
Zoni 2. BUILDING Permit Fee Electrical Plumbing Mechanical Other (specify) Subtotal	Residential	PERMIT FEE	Zoning Fee \$ Site Plan Review Fee \$ Commercial/Indust Permit Fee Electrical Plumbing Mechanical
Zoni 2. BUILDING Permit Fee Electrical Plumbing Mechanical Other (specify) Subtotal 1.75% state levy	Residential	PERMIT FEE	Zoning Fee \$ Site Plan Review Fee \$ Commercial/Indust Permit Fee Electrical Plumbing Mechanical Other (specify) 1.75% state levy